



Kentucky Transportation Cabinet
Division of Motor Carriers
HOUSE MOVING APPLICATION

TC 95-310
11/2007
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MAIL TO:

PO Box 2007, Frankfort KY 40602-2007
Phone: (502)564-7150 Fax: (502)564-0992 8:00 am – 4:30 pm EST
Walk-ins: 8:00 am – 4:00 pm EST
<http://transportation.ky.gov/dmc>

KYU Number: _____ Person Requesting Permit: _____

Company Name: _____ Today's Date: _____

Current Location of House: _____

Relocation Address: _____

Routes: _____

Loaded Dimensions: _____ Truck Information: _____

Length: _____ Year: _____ Make: _____ Unit #: _____

Width: _____ License #: _____ State of License: _____

Height: _____ Serial #: _____

Total # Axles: _____ Weight and Axle Breakdown by Groups: _____

Gross Weight: _____

Requested Move Date: _____ # Axles _____ # Axles _____ # Axles

Estimated Move Time: _____ # Axles _____ # Axles _____ # Axles

Are you crossing railroad tracks? Yes _____ No _____

District(s) Involved in Move: _____

District(s) Contact Person(s):	Approved	Denied
_____	_____	_____
_____	_____	_____

Name of Utility Companies to Be Contacted:	Name and Contact # for Approval:	Approved	Denied
Electric: _____	_____	_____	_____
Cable: _____	_____	_____	_____
Telephone: _____	_____	_____	_____
Other: _____	_____	_____	_____

Credit Card #: _____ Exp. Date: _____

Application may require 5 to 10 working days to process.
THIS IS NOT A PERMIT.

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622.

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